

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">10791201</div>		Filing Date	
				Applicant(s)			
				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	3						
Total Depend	13						
Total Claims	16						
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